



# SF-424A: Budget Information

OMB No.: 4040-0006 Expiration Date: 02/28/2025

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM SF-424A: BUDGET INFORMATION</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>

## Section A – Budget Summary

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total <i>will auto-calculate in EHBs</i>
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A			
Migrant Health Centers	93.224	N/A	N/A			
Public Housing Primary Care	93.224	N/A	N/A			
<b>Total</b> <i>will auto-calculate in EHBs</i>						

## Section B – Budget Categories

Object Class Categories	Federal	Non-Federal	Total <i>will auto-calculate in EHBs</i>
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
Total Direct Charges <i>will auto-calculate in EHBs</i>			
Indirect Charges			
<b>Total</b> <i>will auto-calculate in EHBs</i>			

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**Section C – Non-Federal Resources**

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total <i>will auto-calculate in EHBs</i>
Community Health Centers						
Health Care for the Homeless						
Migrant Health Centers						
Public Housing Primary Care						
<b>Total</b> <i>will auto-calculate in EHBs</i>						

**Section D – Forecasted Cash Needs (optional)**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total 1 <sup>st</sup> Year <i>will auto-calculate in EHBs</i>
<b>Federal</b>					
<b>Non-Federal</b>					
<b>Total</b> <i>will auto-calculate in EHBs</i>					

**Section E – Budget Estimates of Federal Funds Needed for Balance of Project**

Grant Program	Future Funding Periods (Years)			
	First	Second	Third	Fourth
Community Health Centers	N/A	N/A	N/A	N/A
Health Care for the Homeless	N/A	N/A	N/A	N/A
Migrant Health Centers	N/A	N/A	N/A	N/A
Public Housing Primary Care	N/A	N/A	N/A	N/A
<b>Total</b> <i>will auto-calculate in EHBs</i>	N/A	N/A	N/A	N/A

**Section F – Other Budget Information**

<b>Direct Charges</b>	
<b>Indirect Charges</b>	
<b>Remarks</b>	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 4040-0006. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## Instructions

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the NAP federal funding requested (up to \$650,000).
  - You can request funding for one or more population type (CHC, MHC, HCH, PHPC). Enter each on a separate row.
  - Only enter your NAP federal funding request in the Federal column, not all federal funding that you receive.
  - Enter other support for the NAP project in the Non-Federal column.
  - Leave the Estimated Unobligated Funds columns blank.
- Section B – Budget Categories: Enter an object class category (line item) budget, broken out by federal and non-federal funding. The amounts listed in each box and the totals should align with the Budget Narrative.
  - Your federal request may include up to \$250,000 for equipment and/or minor alteration/renovation (A/R). Equipment costs go on the equipment line. Minor A/R costs go on the construction line.
  - See Appendix B in the NOFO for one-time funding information.
- Section C – Non-Federal Resources: List other funding that will support your NAP project. The total must match the Non-Federal Total in Section A.
  - Provide non-federal funding amounts for each population type you request NAP federal funding for (CHC, MHC, HCH, PHPC) in Section A. Enter each on a separate row.
  - If you apply for HCH or PHPC funding, you must use this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations. This section should reflect the funding you currently use for serving patients experiencing homelessness and/or public housing residents.
  - Include any other federal funds that will support the NAP project in the Other column.
  - Program Income should match the Total Program Income (patient service revenue) presented on Form 3: Income Analysis.
- Section D – Forecasted Cash Needs: Leave this section blank or enter the estimated funding you will spend each quarter.

- Section E – Budget Estimates of Federal Funds Needed for Balance of Project: Leave this section blank.
- Section F – Other Budget Information: Explain amounts for object class categories that may appear to be out of the ordinary in Direct Charges. Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance in Indirect Charges.

If you've never received a negotiated indirect cost rate, you may charge a *de minimis* rate of 10 percent of modified total direct costs. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate a rate. See the [Indirect Cost Negotiations](#) website to learn more about rate agreements.

See Section 5.1.iv Budget in HRSA's [SF-424 Two-Tier Application Guide](#) (PDF) for information about salary limitation and funding restrictions.